

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058290

Entity Name: ANIMATED FLYERS LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1723 SIESTA KEY CIRCLE, APT. 5
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

2457 S. HIAWASSEE RD
#139
ORLANDO, FL 32835

Current Mailing Address:

1723 SIESTA KEY CIRCLE, APT. 5
DEERFIELD BEACH, FL 33441

New Mailing Address:

2457 S. HIAWASSEE RD
#139
ORLANDO, FL 32835

FEI Number: 22-3980452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTONI, ANTONIO
Address: 1723 SIESTA KEY CIRCLE, APT. 5
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S () Delete
Name: SANTONI, ANTONIO
Address: 1723 SIESTA KEY CIRCLE, APT. 5
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANTONI, ANTONIO
Address: 2457 S HIAWSSEE RD #139
City-St-Zip: ORLANDO, FL 32835

Title: S (X) Change () Addition
Name: SANTONI, ANTONIO
Address: 2457 S HIAWSSEE RD #139
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTONIO SANTONI

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date